

# Work Order ID 92333

October-29-12 8:54:18 AM

\*92333\*

~~PRELIMINARY ISSUE~~

Rev A 5/31/15

Page 1

Item ID: D4655-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: PRELIM Stop \*NS2\*  
 Item Name: Speaker  
 Start Date: 10/29/12 Start Qty: 6.00 \*6\* Cust Item ID:  
 Required Date: 11/06/12 Req'd Qty: 6.00 \*6\* Customer:  
 Reference:

Approvals: Process Plan: W Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4655	<u>Rev B</u>								
100	PURCHASING	0.00							
*100*									
Purchasing	Memo 18267	0.00							<u>U 12-10-29</u>
Purchasing	Issue P/O: Purchase part #: 4C5Z8 Supplier: QUAM Material release note is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
*110*									
Packaging	Memo	0.00							<u>12/11/15 (6)</u>
Packaging	Ensure material release note is attached								
120	QC6- Inspect dimensions to drawing	0.00							
*120*									
QC	Memo	0.00							<u>6x</u>
Quality Control									

DAS 24 2-2

12-11-7

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 92333

October-29-12 8:54:18 AM

**\*92333\***

Page 2

Item ID: D4655-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: PRELIM Stop **\*NS2\***  
Item Name: Speaker  
Start Date: 10/29/12 Start Qty: 6.00 **\*6\*** Cust Item ID:  
Required Date: 11/06/12 Req'd Qty: 6.00 **\*6\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>ST116</u>	0.00							
<b>*130*</b>						<u>6</u>			<u>12/11/07 JB</u>
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									

U 12-11-07 MLS 13-03-21  
RD 3397

**POSITIVE RECALL**  
EFFECTIVE 12/11/07 AUTH [Signature]  
RELEASED DAS DATE 13/03/15  
16  
8-8 to Rev A Dwg

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other  _____ _____ _____	

# Picklist Print

October-29-12 8:54:18 AM

Page 1

Work Order ID: 92333

Parent Item: D4655-1

Parent Item Name: Speaker

Start Date: 10/29/12

Required Date: 11/06/12

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 12-10-26 JLM VERIOFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
4C5Z8 Speaker		Purchased	No				Each	0.0000		6		11/15/12	(6)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

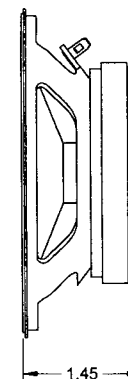
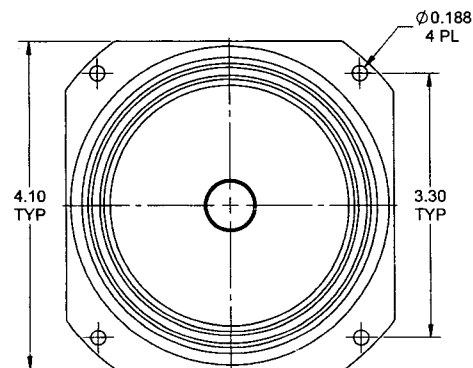
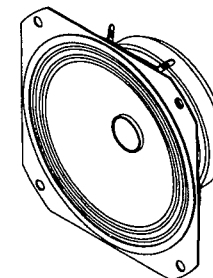
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# SPECIFICATION CONTROL DRAWING



*6 set*

DART PART NUMBER	DESCRIPTION	MANUFACTURER	MANUFACTURERS PART NUMBER	FREQUENCY RESPONSE (Hz)	POWER	IMPEDANCE
D4655-1	SPEAKER	QUAM	4C5Z8	120 Hz TO 15 kHz	10 WATTS	8 OHMS

**D4655-X SPEAKER**

*Newark P/N 33M7709*

**PRELIMINARY ISSUE**

~~7~~ 12.10.09

- NOTES:
- 1) MATERIAL: SEE TABLE
  - 2) FINISH: N/A
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
  - 7) WEIGHT: 0.8 lbs

*20.11 each*

PA1	NEW ISSUE	RF	12.10.09
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV. PA1
MFG. APPR.		D4655	SHEET 1 OF 2
APPROVED		TITLE	SCALE
DE APPR.		SPEAKER	NTS
DATE	12.10.09	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

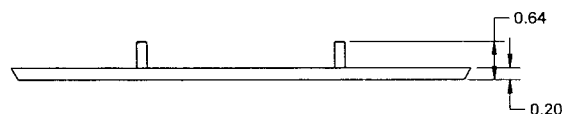
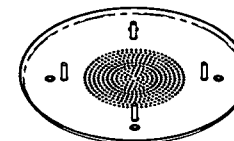
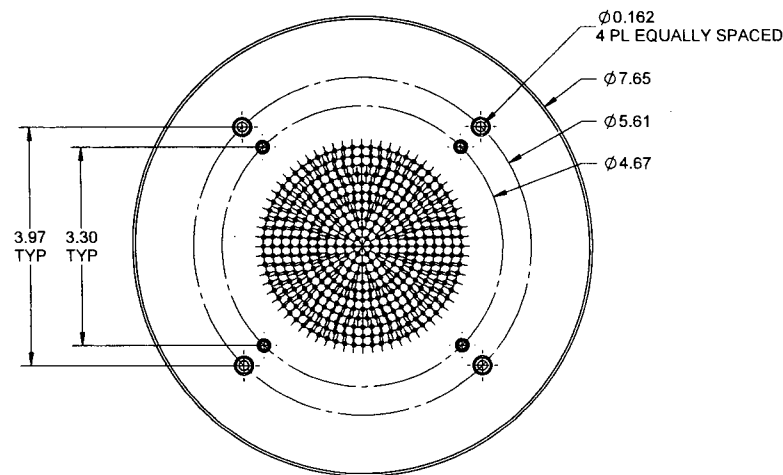
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other



# SPECIFICATION CONTROL DRAWING



DART PART NUMBER	DESCRIPTION	MANUFACTURER	MANUFACTURERS PART NUMBER
D4655-3	SPEAKER GRILL	QUAM	BR4WS

## D4655-X SPEAKER GRILL

### NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.16 lbs

DESIGN		<b>DART AEROSPACE LTD</b>	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. PA1
MFG. APPR.		D4655	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		SPEAKER	NTS
DATE	12.10.09	<small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
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## Product Search

English only

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A Premier Farnell Company

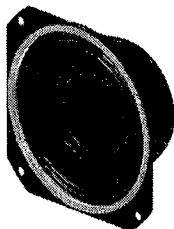
[HOME](#) > [Security & Audio Visual](#) > [Audio Visual Equipment & Accessories](#) > [Loudspeakers](#) > 4C5Z8[Spotted an Error?](#) | [Print Page](#)[Share this page](#) **QUAM NICHOLS - 4C5Z8 - Loudspeaker**

Image is for illustrative purposes only.  
Please refer to product description

**Quam**Manufacturer: [QUAM NICHOLS](#)

Newark Part Number: 33M7709

Manufacturer Part No: 4C5Z8

[Technical Data Sheet](#)  
(256.53KB) EN

## Availability

22 available to ship today

[Check more stock...](#)

Price For: 1 Each

Minimum Order Quantity: 1

Order Multiple Quantity: 1

Price: \$20.37

 Qty

## Price

Qty	Price
1 - 4	\$20.37
5 - 9	\$20.11
10 +	\$19.77

## Customers Also Bought

**D SUB CONNECTOR,  
STANDARD, 9POS, RCPT  
CINCH DE9S**1 Each  
\$2.35[Buy](#)**POWER RELAY DPST-NO  
24VDC, 30A, DIN RAIL  
MAGNECRAFT W9257022D-  
24D**1 Each  
\$10.95[Buy](#)**TERMINAL, FEMALE  
DISCONNECT, 0.25IN, RED  
TE CONNECTIVITY / AMP  
696357-1**1 Each  
\$0.45[Buy](#)

## Product Information

Loudspeaker

RoHS Compliant: Yes

[View this product in our online or paper catalogue](#)[Catalog Page 2413](#)

Catalogue Page/Catalogue Number:

2413 / 130

2413 / 129

2412 / 128

[Product Range](#)

## Legislation and Environmental

• RoHS Compliance: Yes

[RoHS Certificate of Compliance](#)[Buy](#)[Back to top](#)

## Community

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Web Site Support: 1.800.629.2756

Contact Newark/element14: 1.800.463.9275

FEDERAL GOVERNMENT

Supply Arrangement with Public Works and Government Services

Phone: 1.800.463.9275

Email: [order@newark.com](mailto:order@newark.com)

Supply Arrangement No. EN585-090061/000/04N

ABOUT SSL CERTIFICATES

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other  _____ _____ _____	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18267

Purchase Order Date 10/29/12

PO Print Date 10/29/12

Page Number 1 of 1

Order From :

VC-NEW002

NEWARK  
C/O T27537 P.O.BOX 4275  
POSTAL STATION "A"  
TORONTO, ONTARIO M5W 5V8  
CANADA

Contact Name  
Vendor Phone 800-463-9275 Ext.Sales  
Vendor Fax 888-551-4801  
Vendor Account Nbr

Buyer Linda Lacelle  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	4CSZ8	Speaker	10/31/12 Yes	6.00 Each	FedEx PI collect	\$20.1100	\$120.66

Special Inst: Newark P/N 33M7709

PO Total:

\$120.66

*order@newark.com*

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES ☒ NO

Change Nbr: 1

Change Date: 10/29/12



element14

# Master Packing List

Orders: 1-800-463-9275  
Cust Service: 1-866-752-9279  
[www.element14.com](http://www.element14.com)  
[www.newark.com](http://www.newark.com)

Customer PO: PO18267



Canada

Rel.:

Order #: 459212  
Number of Cartons: 1  
Number of Lines: 1  
Ship Date: 10/29/2012  
Bill-To Acct: V1 659740001  
Ship-To Acct:

**Ship To:**  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY ON K6A 1K7 Canada

**Sold To:**  
LINDA LACELLE  
16136329577  
llacelle@dartaero.com

**Bill To:**  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY ON K6A 1K7 CA

Ord Line	Cust PO Line	SKU #	UOM	Order Qty	Shipped Qty	Previous Shipped Qty	Back Ordered Qty	RoHS
1	1	33M7709	EA/T	6	6	0	0	Yes
Mfr part# 4C5Z8				Mfr Name QUAM NICHOLS				
Customers part#				Country of Origin US		Customer Part#		
Loudspeaker						Shipped Qty		
Req Line Ship Date: 10/31/12								

Yes = RoHS Compliant. YesX = Compliant per exemption. See our website [www.newark.com](http://www.newark.com) for definition of RoHS compliance. Newark is a distributor of electronic products manufactured by others. The Country of Origin data on the packing list has been provided by the manufacturer and Newark is not responsible for the accuracy

Certificate of Conformance on Reverse Side

## Order Line Cust PO Line

1	1	MFR# 4C5Z8	Part:
		Loudspeaker	
		RoHS: Yes	
		SKU: 33M7709	

To insure proper credit to your account, please contact Customer Service at 866-752-9279 for issuance of RMA number



element14

Order #: 459212

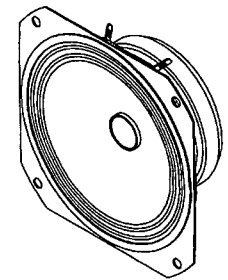
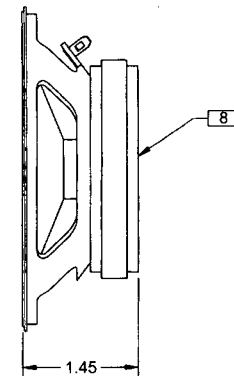
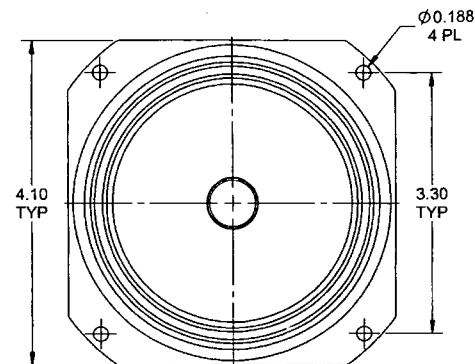
Date shipped:

RMA #:

Reason for Return

MRL 257

# SPECIFICATION CONTROL DRAWING



DART PART NUMBER	DESCRIPTION	MANUFACTURER	MANUFACTURERS PART NUMBER	POSSIBLE VENDOR	POSSIBLE VENDOR PART NUMBER	FREQUENCY RESPONSE	POWER	IMPEDANCE	WEIGHT (lbs)
D4655-1	SPEAKER	QUAM	4C5Z8	NEWARK	33M7709	120 Hz TO 15 kHz	10 WATTS	8 OHMS	0.8

## D4655-X SPEAKER

RELEASED  
2013-01-30

### NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: PER TABLE
- 8) STUDS IN THIS AREA TO BE CUT OFF. DO NOT GRIND.

B	REMOVED D4655-3	RF	12.11.30
A	NEW ISSUE	RF	12.07.25
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA DRAWING NO. <b>D4655</b> TITLE <b>SPEAKER</b> COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	
DRAWN	RF		
CHECKED	RF		
MFG. APPR.	RF		
APPROVED	RF		
DE APPR.	RF	REV. B	
DATE	12.11.30	SHEET 1 OF 1	
		SCALE NTS	